

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

APPLICANT(S) _____

		CLAIMS										
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1							51				
2								52				
3		12						53				
4		10						54				
5		10						55				
6		1						56				
7		13						57				
8		1						58				
9		1						59				
10		10						60				
11		10						61				
12								62				
13								63				
14								64				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	1							TOTAL IND.				
TOTAL DEP.	10							TOTAL DEP.				
TOTAL CLAIMS	11							TOTAL CLAIMS				